

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 700452 FILING DATE _____
APPLICANT(S) _____

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS									
IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*	*	IND.	DEP.	IND.	DEP.	IND.	DEP.
1										51					
2										52					
3										53					
4										54					
5										55					
6										56					
7										57					
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39										89					
40										90					
41										91					
42										92					
43										93					
44										94					
45										95					
46										96					
47										97					
48										98					
49										99					
50										100					
TOTAL IND.		/								TOTAL IND.					
TOTAL DEP.		6								TOTAL DEP.					
TOTAL CLAIMS		7								TOTAL CLAIMS					